THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIV. WEDNESDAY, MARCH 18, 1846. No. 7.

DR. BOWDITCH'S "YOUNG STETHOSCOPIST."

[Communicated for the Boston Medical and Surgical Journal.]

We have derived much pleasure from Dr. Bowditch's book. The author evidently has a good practical estimate of the value of physical exploration. Instance such sentences as these. "Do not trouble yourself so much about nice distinctions of sound; but observe accurately, first where the sounds are heard; second, where the focus of them is, supposing that they exist everywhere in both lungs; and third, their combinations with other physical and rational signs."—(p. 37.) Again, "It is of no importance for the pupil to trouble himself to decide definitely whether he hears bronchophony, ægophony, or the various kinds of pectoriloquy. It is sufficient that on a comparison between the lungs, he finds an increased or diminished natural resonance in any part. The other physical and rational symptoms, when compared with even these apparently doubtful signs, will enable him to arrive at a correct diagnosis."—(p. 29.)

This is refreshing after the refinements of Fournet and Piorry. It is truth we rarely hear. It sums up questions commonly left for the student to decide, but which he cannot settle until he has waded through the whole tract of study. But who reads through Tweedie, or Middlemore, or Andral's Clinique, or Velpeau's Surgery? Who, if he did, could hold all the facts in these great storehouses? We go to market to them when we are in want. We refer to them. We furnish our own books and lectures from them. We draw from them as Johnson did from other books to write a dictionary. But neither did he, nor do these authors themselves, nor can we, retain all the facts these books do; yet we should be sorry to avow that we were ignorant of their leading principles. There is something to be got at short of reading mammoth treatises; and it is precisely this that the beginner wants; he wants the principles; and he gets them in such a book as this before us. Even in small works medical students do not generally ask for a copious statement of facts or a wide range of authorities; few practitioners do; they have not time, perhaps inclination to boil down crudities and to extract their valuable principles. It is a much more natural division of labor which leaves to the student only the care of digesting the material which somebody else has collected and prepared.

In this culinary capacity, there are a variety of ways in which medical compilers may serve up original or other facts; and it is a nice problem to prepare this intellectual food, and to adapt it at once to the infancy and maturity of its consumers. There is a range from the vade mecum or

portable soup style, which presents the gist of the matter in its most concentrated form; to the *potage maigre*, diluted with a formal statement of obvious considerations, and the *Julienne* or *Geaufret* of Copland or Cooper or Ben Bell.

Our theory is, that students prefer knowledge in a concentrated form. First, because the deglutition is easier. A certain mental effort attends the process of acquisition, and this effort is easier, convulsive and brief, than when prolonged till it fatigues. And much of medical knowledge does fatigue the student. It does not captivate the imagination. It is more useful than palatable, and goes down easier if rolled into the pill-like sphericity of aphorisms. We believe it is natural for the mind to require knowledge in this condensed form before it proceeds to expand it; we want the corollary before the demonstration; the hypothesis before the facts; the bill of fare before dinner. We require to know what kind of intellectual accommodations a given subject is likely to exact, before we proceed to take it in. A subsequent process is that of settling things into their places, of digesting, or rather of ruminating; and when the subject is thus again brought up, any modification or addition is made to suit the taste of the individual.

Accordingly, in many sciences, especially in the classificatory sciences, where facts are numerous, the mind has resorted to this stenographic mode of getting possession of all that is most important, before it indulges the imagination with interesting detail or pleasant associations. Birds are "lobe-footed" with "primaries ash," and leaves are identified as "pinnate" or "pilose" before we hear of their brilliant colors or curious habits. Let us modify such a description to illustrate these differences; for example, from Linnæus, the plant "Geranium maculatum"—"peduncles two-flowered; stem forked, erect, leaves five-parted and cut, the two upper ones sessile." The monograph is complete, and enables us to identify the plant. Spreading the facts a little thinner, "This interesting plant is found both in the woods and by the road-side. Its peduncles are long and hairy, commonly supporting two flowers, occasionally more. The stems are also hairy, erect, dividing by forks or more numerous branches, &c.&c." Or modestly introducing ourselves to the reader, after the manner of John Bell, "I really consider this fine plant quite as attractive as most of the pampered inhabitants of our green-houses. With a few drops of moisture it springs from the soil, and I have found it growing, utterly regardless of the advantages of position, under the patronage of some sturdy old fence, or on the very brink of an awful and overwhelming cataract." But business is business. Law reports do not tell us how Mrs. Doakes felt during her husband's litigation, nor what the lawyer said to console her. Neither do we want to know that a case of melanosis was respected and beloved, nor that the doctor was called in, or anxious. It may be interesting, but it is out of place. It belongs to the affections, not the intellect—to practice, not theory—to society, not science—to the individual, not the profession. We want the naked facts.

We are well aware that he who puts two things together and pleases the imagination, has a far more grateful office than he who reverses the

process, and in pointing out differences only exercises a scientific discrimination. Besides, imagination is a gift; it excites admiration, and we are insensibly moved to reward it, while good judgment, combined with persevering industry, will make any body an average scientist; it affords us no especial pleasure; it consequently puts us under no obligation, and it is very apt to get only its "thwacks and thistles."

We also believe that imagination has its proper office in science; but it should be heavily ballasted with the judgment. It then belongs to the discoverer, and is intended for the perception of real and not of fanciful or poetical resemblances. It may also amuse, as far as it can, without substituting the entertaining for the true. But we hold that there are at least two classes of readers who prefer a concise statement of facts, divested of ornament; the one a numerous body, who do not appreciate efforts of the imagination; the other, those who, when they seek for facts, do not look for wit, who prefer to have their salt kept separate, and to help themselves to it. Of this number are most medical students; they want little imaginative entertainment in their medical grammars. They are to make an exertion, to toil up an elevation bristling with new facts. Youth has activity, but wind and dogged bottom are the prerogatives of maturity; it is obviously easier to stride over a vade mecum with an occasional clonic spasm, than to ascend the gently inclined plane of some flowery but protracted octavo.

Mere imaginative adulteration is, we conceive, still more objectionable. Without alluding to the caterers of irrelevant or noxious facts, we will mention one common way of impairing the spirit of a book; of reducing its proof. It presents old things as new, and imparts, with the severity of science, facts which possibly are new in their medical application, but old as the learner's every-day experience. For example, most medical students are familiar, to judge from the devices upon lecture-room benches, with the use of knives; and yet, at the outset of operative surgery, the student must learn anew five different positions of holding his scalpel. The crepitus of fracture is surgical myth, and the reduction of a dislocated finger is described in pages; and yet it sometimes happens that some bystander has settled the question of fracture, or has pulled a bone into its place before the surgeon arrives upon the scene of accident. We venture to affirm that no practical man could hear an amphoric respiration without feeling sure that it came from a cavity. Something might undoubtedly be added to this popular medical knowledge, even in the other sex; but it seems to us quite as true that undue weight is often given in scientific books to medical positions which are truisms in every-day non-medical experience; and we mean that the most satisfactory work to the student is that which passes lightly over such considerations, and dwells upon medical occurrences, which do not happen as his general experience would lead him to expect.

If we are right, students at first need only the important facts; such as are necessary and sufficient to a "determinative analysis" of disease. Nor do they want the pathological biographies of individuals, but general

results and model cases; type cases, succinct and portable, to which subsequent exceptions may be appended.

We remember saying to a well-known French writer, who added the notes to the French edition of Hunter's works, that we had learned much with little labor from one of these articles condensed into aphorisms. "Ah!" replied he, "that style would make books scarce; those few pages contain matter for a small octavo."

For the possession of this kernel, the reader is ever struggling with the author, whose instincts would bury it among octavo pages; but it requires great practice to "gut" a book quietly; with most readers the effort becomes harassing. Rostan, with French hyperbole, makes it fatal to both parties; "L'auteur se tue à allonger ce que le lecteur se tue à abreger."

With these politics we once proposed to try our hand at condensing the subject of Dr. Bowditch's book; the standard and guage of compression being utility in every-day practice. The programme passed by certain points, which like the phenomena of succussion are scientifically interesting, but comparatively useless because they indicate lesions already discovered by other signs; and dwelt on certain other non-auscultatory signs and symptoms which are diagnostic or pathognomonic. These often occur; there are cases of undoubted tubercle where auscultation tells us nothing; and we derive our knowledge of the lesion from common signs and symptoms. It would be quite as annoying to be here out-diagnosed, by one behind the age in science and ignorant of the improved method, as to find our neighbor succeeding with a pork bait, while we were attempting the fruitless mysteries of lancewood and red hackles.

We once thought of it; but Dr. Bowditch occupies the unoccupied ground. He has booked Laennec up to date, and has compressed his genius, as the fisherman in the Arabian Nights did his, into a prodigiously small volume; yet it contains separate articles upon percussion, common and auscultatory; auscultation thoracic, fœtal, cephalic and veterinary; of course no duplicate specimens nor *jactolites*; but all the regular aggregations of the books, while many original and floating facts are chrystallized about their appropriate heads. We commend it to auscultors and to non-auscultors. H. J. B.

IDIOPATHIC TETANUS.

By A. L. Peirson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The infrequency of tetanus, in our climate, makes it worth while to record all our experience in this disease, so that observation of its symptoms, morbid appearances and remedies, may one day or other clear up the uncertainty which now envelopes the whole subject. All the cases of traumatic tetanus which I have seen during twenty-five years, and which have presented the genuine character of the disease, that is to say, a state of tonic spasm, have been fatal, with a single exception. This

was a mild case, of a chronic form, and recovered under the use of brandy in large quantities, and no doubt would have been as well managed by opium, and the patient saved from the drunkard's death, which afterwards befel him.

Of spurious cases, of a hysteric nature, I have witnessed several, which have all recovered. Of idiopathic tetanus, I have seen but the single case which I now offer to the readers of the Journal.

While all admit the general fatality of the disease, and the inefficacy of remedies, nothing can exceed the uncertainty of treatment laid down in books. In early practice I remember how very unsatisfactory was the consultation of authorities. They approach nearest to agreement in recommending purgatives. Dr. Heuner* says he observed no symptom invariably present except obstinate costiveness. Abernethy† asserts that when free evacuations occur, the tetanic symptoms are often mitigated. This is analogous to what we usually see of the power of purgatives in relieving nervous symptoms and muscular contractions in cases of obstructed bowels. In the few cases I have seen, purgatives were of more avail than any other remedies. In prognosis, the nearest point of agreement is, in considering the danger greatest in the earliest part of the attack, so that if the patient lives a fortnight from the attack, the chances are in his favor. The account of morbid appearances is very indefinite. Dr. Heuner‡ thinks he has never found any peculiarities which did not appear fairly attributable to the remedies used. He is disposed to suspect the spinal cord, but late authorities deny any peculiar affection of this part. Dr. Colles§ affirms that the morbid anatomy of tetanus only shows you some of the *effects*, but none of the *causes* of the disease. Blood in the spinal canal or effusions in the brain he thinks throw no light on the nature of the disease, as the first may result from the violence of opening the canal, and the latter is common to all convulsive diseases.

Case.—October 9, 1845. A shipwright, aged 37, has been in his usual health, and not exposed to wet or fatigue, although the weather during the week has been cold and rainy. He has felt on this day an unusual propensity to gape and yawn. On the next day his jaws were stiffened, and he complained of difficult deglutition, which shortly disappeared. He worked at his trade, within doors, the two next days, Friday and Saturday, and remained at home Sunday and Monday. During this time he felt in usual health, except a pain and oppression beneath the sternum, which rose to his throat on lying down, and a stiffening about the muscles of the back. He applied for medical aid first, on the evening of October 14th, when he found the attempt to lie down was followed with great distress at the sternum and suffocating sensation at the throat. Since then he declines all attempts to lay. His jaws are closed to half an inch, and he has once or twice felt himself drawn forward by muscu-

* Military Surgery, American Edition, p. 206.
† Lectures on Surgery, English Edition, p. 24.
‡ Military Surgery, p. 206.
§ Surgical Lectures, American Edition, p. 45.

lar contractions, and likewise backward. He took an opiate, and October 15th took a cathartic of equal parts of ol. terebinth. and ol. ricini in simple syrup, which was repeated during the day, and aided at last by the operation of senna. His pulse are 80 and moderately forcible. Venesection to ʒ xxx. without fainting.

October 16.—Passed the night without sleep, in a sitting posture, as on the night preceding. Pulse 84, moderately full. Venesection to ʒ xx. with slight faintness. Blood of preceding day not buffed. Has had three discharges from cathartic. Symptoms continue. Takes sixty drops of McMunn's solution of opium every four hours. Had a blister 6 by 8 to the sternum.

17th.—Symptoms continue. Blister drawn with some relief. Had some hours sleep at night. The jaws fixed to the same degree as at first. The McMunn's solution to be omitted, and the following mixture substituted in dose of half an ounce every two hours. R. Camphor., gr. x.; pulv. aror., ʒ j.; ether chloric, ʒ ss.; sulph. morphiæ, gr. ij.; aq. pur., ʒ vss. M. In the afternoon the pulse were accelerated to 104, and the medicine omitted; ʒ i. of the McMunn's solution ordered at bedtime.

18th. Has taken inf. of senna at intervals during the day, without effect. It was agreed, in consultation with Dr. Cox, to try tart. antimonii ad nauseam, beginning with one sixth of a grain, and augmenting the dose. Nausea is produced by one third of a grain taken every hour. At bedtime one quarter of a grain of sulphate morphia was applied to the blistered surface. His teeth have approximated slightly during the day, so that the fingers can now be scarcely introduced, in which operation there was no difficulty yesterday. He is easily startled and alarmed by any one coming into the room or knocking at the door. Complains of nausea and regurgitation, and is allowed to discontinue the antimony till the cathartic has operated.

19th.—Passed an uncomfortable night in consequence of the cathartic not operating till 5 this morning. Continued the antimony during the day, with nauseating effect. Has had two copious dejections, with relief. Blistered surface has been renewed, and the powder of sulphate of morphia applied at night. The teeth are separated further than for the last twenty-four hours, to about the same distance as at the first medical visit. Skin moist, pulse 84. He was directed the veratrine ointment, five grains to the drachm, to be applied by friction to the region of the masseter muscles.

20th.—There has been a moderate improvement during the day. Pulse 76. Teeth are not more approximated than at the first visit, and he has more power generally in the muscles of the neck.

21st.—Symptoms continue without aggravation. In the morning had a cathartic of jalap and subm. hyd., followed by senna and the powders of one fourth of a grain sulphate of morphia sprinkled on the blistered surface, *pro re nata.*

22d.—Pulse moderate, 64. Cathartic caused two large dejections. Slight amendment in all the symptoms, except agitation and twitchings on going to sleep.

23d.—Had another dejection. Suffered much pain at night in pelvic region. Applied three of the composing powders, and took a teaspoonful of McMunn's solution. Pulse 96. Twitchings occur while awake, at irregular intervals, sometimes every ten minutes. Cups were applied in four places along the spine, and eight ounces of blood taken. The twitchings were more severe while he laid over on his face, and the muscles of the back were rigid and curved. His back was much relieved from tension after the cupping. Let him take forty drops of vin. colchici, every two hours.

24th.—Slept six hours quietly. He had severe pain and twitching in the right groin, affecting only those muscles connected with the pelvis and hip. No spasms in the back or legs, and jaws separated an inch. Much affected by the opiates, which relieve spasm and produce ease, especially the composing powders applied to the blistered surface. Nauseated by the colchicum. Let him take a tablespoonful of the following. R. Ol. ricini, ʒ j.; croton, gtt. ij. Took two doses of this, and had several dejections. Suffers much pain in micturition. Omit the colchicum at night. Can now thrust out his tongue, which is ragged and covered with broken white fur.

25th.—Has passed the day without treatment. Twitchings are confined to the groins. The muscles generally are less rigid. Let him have an enema of milk and water, with a drachm of McMunn's solution of opium, and a composing powder at midnight, if needed. Dysuria (which was probably occasioned by the blister) has disappeared.

26th, 27th and 28th.—No new symptoms developed. The tension of the muscles in the back mitigated; the spasms in the thighs and groins less, but not wholly disappeared; rather more severe at night, but good rest is procured by the opiate enema, or the endermic application of morphine. Mouth has been slightly aphthous; dejections are easily procured. Animal food moderately allowed. Appetite small, but improving.

From this period the symptoms continued to improve. A sensation of itching occurred in those parts which had been most spasmodically affected; and on the 6th of November he no longer required medical attendance.

In this case, which, during several days, was severe enough to cause much apprehension, obvious relief followed purging, and the greatest temporary comfort came from the use of opiates.

The conclusions which I think a practitioner, whose practical acquaintance with the disease is no greater than mine, will arrive at in consulting authorities, are these—

1. That the acute form of traumatic tetanus is uniformly fatal.
2. That recovery is common in the chronic form, and in idiopathic tetanus.
3. That the period of accession varies from a quarter of an hour to a month after the accident, but most frequently occurs in the second week.
4. That the morbid anatomy of the disease is entirely unsettled.
5. That however much reason he may find to doubt the efficacy of remedial agents in a case of tetanus, he will find himself compelled to act, and to mark out his course of treatment.

6. That purgatives are always indicated, and have oftener been followed by relief than any other remedies, and this rather from their revulsive action, than from the dislodgement of fæcal accumulations.

7. That everything calculated to calm the nervous system is more or less indicated, and hence the propriety of trying bleeding, antimony, colchicum, the warm bath and narcotics.

8. That no permanent benefit is to be obtained from opium in acute cases;* although it is capable of controlling the painful symptoms of mild and chronic cases.

Salem, March 1, 1846.

NATIONAL MEDICAL CONVENTION.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—As there are now but a few weeks before the proposed Medical Convention in New York city, I embrace the *first* leisure, after a long winter's excursion, to beg permission to lay before your readers a few hasty considerations on this important subject. From a rapid glance at the Medical Journals on my table, I perceive that several editors and contributors have commenced the discussion of this subject: and in my intercourse with the medical gentlemen of Buffalo, Louisville and St. Louis, to say nothing of the various medical schools in that direction, I found there was a very commendable wish that some efficient national reform should be accomplished.

The practicability of ensuring a formula for the qualifications of medical men through the multiplex operations of twenty-eight or thirty independent State sovereignties, seems to me, now and forever, as decidedly hopeless. It is too late for the State governments to dole out to their subjects, as in the stereotyped nations of Germany, the number of physicians and apothecaries they may have, and the minute steps of the course these must take to obtain a passport to their respective employments. And yet I have no right to suppose that this very obstacle to reform, which I have pronounced so hopeless, may not appear quite another thing under the skilful management of a committee appointed by the convention. If this mode of proceeding should be given up as impracticable, let us, *in the second place*, inquire whether it can be brought about through the various medical schools of the United States. That the metropolitan schools would go at once for an elevated range of medical requirements, will be admitted and expected by all. They can afford to do it. They would run no risk. Let one of these institutions just come to the decision that no man—absolutely none—receive *their* diploma who is not thoroughly versed in *all* the departments of his business, with a thorough knowledge of Latin, Greek, the belles lettres and philosophy, and it would emblazon them over the country in the eyes of every aspiring young man. What medical man is there so far removed from the doings of the world as not

* I have seen a man die in tetanic spasms while completely narcotized by the endermic application of morphine.

to know that, when a young man has been received into the staff of the army or navy, he has passed an ordeal that makes him current everywhere as a thoroughly-finished scholar and skilful physician? It is a fact known extensively out of the medical ranks, that our navy and army bureaus have, within ten years, so elevated the standard of attainments in the applicants to their boards, that every young man whose commission receives their *imprimatur* will pass current, at home or abroad, by land or sea, as a genuine physician and surgeon. So it will continue to be, so long as these national boards continue the same thorough and rigid scrutiny; and the character they infix on the men of their profession will remain upon them as a permanent testimony that these graduates were well prepared for the responsibility of their profession. A metropolitan college could hardly be expected to obtain a distinction so marked and acknowledged. The reasons are obvious. Yet there are already some of these whose diploma is a matter of high consideration to medical aspirants, independently of the antecedent instruction. And why is this? Simply because of the average high attainments of the classes. If it may be added, because, also, it is well understood that no ignoramus *can* pass their ordeal, the faculty nobly disregarding the twenty-five dollars, for that is lost by a refusal, this makes the case a still stronger one, and greatly enhances the value of the coin from the mint of these high-minded men.

What I would remark, in taking leave of the metropolitan colleges, is this: that if *one* might safely take the lead in medical reform, unaccompanied by the rest, surely an arrangement might be brought about among *these* schools, at least, both for a more enlarged preparatory outfit on entering the study of medicine, and more extended acquirements on leaving. These requisitions for medical graduates could be arranged under a general formula by the convention, and easily presented to the schools under consideration within two months from the present meeting.

But what will the provincial medical schools say to the proposal of raising the qualifications of the graduates, say one third? To admit no man, absolutely, to a degree who is not well versed in the languages, literature and philosophy? None who is not acquainted with the collateral sciences? None who has not *studied* in a hospital, or heard clinical lectures once a week, at least, for a long time? If the income of the professor was 3000 dollars a year, he might venture to take the leap. But there must be a heavy number of these professors who, even now, when probably not two in a hundred of their candidates are rejected, lose more than they gain by their lectures, in a pecuniary point of view. Indeed, if money was *the* thing, I half suspect we should see some of them discontinued forthwith. Money might have given the first impulse to a medical school, in each respective minor city or village. But in every case there was an honest, nay, a laudable, desire in the expectants of office to develop their own peculiar faculties of teaching young men the interesting employment of medicine and surgery. There was an *amor loquendi* or *cacoethes orandi*, which it is very proper that professors and public instructers should possess; and it is this which keeps the professor from year

to year straining every nerve to attract a respectable number of respectable men, who may listen to the stores of learning which he has so fondly and assiduously stored up for them.

It is this passion, in my humble opinion, and it is of many of my own friends that I say this, that has led them absolutely to sacrifice money out of pocket to found and carry on medical schools, in their vicinity. The young men around them do not demand it. A few dollars extra, for a journey each winter, would carry them to places where they would have as good schools, as good hospitals, more medical society, and a greatly enlarged knowledge of the world. The professors do not need the schools; for many, to their sorrow, have found themselves superseded among their patients by the facilities their own means have afforded for the introduction of talented and ambitious young men. The faculty in general do not need them. For, in a journey of 4000 miles this winter, I have found armies of medical students.

But I was speaking of the love of being listened to, and was going to ask whether, with this passion strongly in exercise, and having labored long and faithfully, and perhaps with serious sacrifices, there is any great reason for the medical convention, or medical community, to hope that these professors will consent to say No to their young friends who have heard them respectfully, and now ask respectfully for an official passport to the employment and favor of the public? Shall the want of Latin, Greek, algebra, geometry—nay, philosophy, botany and general literature —exclude these from a diploma?

Every one will see that a universal and unvarying enforcement of high acquisition, through the United States, would at first greatly diminish the size of the classes. I leave it to my readers and to the labors of the convention to decide how much we can rely on the combined action of *all* the medical colleges, both of city and country, for the progress of the proposed medical reform.

In the third place, it has been already suggested by a physician in Binghamton, in the New York Journal of Medicine, that some advancement in the proposed reform can be made by the private instructers of the applicants for a medical education. Let each of these physicians see to it that the young men have high qualifications before they begin medicine. This is right, and should be before the convention. One difficulty in the fulfilment of this proposal is that some of these practitioners are themselves behind the present state of medical science, and cannot enforce lessons which they are unable to appreciate. And, as it is yet a matter of common ambition for private practitioners to have pupils awaiting *their* instructions, it seems they may be influenced by the very same motives to a lax and temporizing course, that they are endeavoring to regulate in their brother professors. But it would seem that these incipient difficulties are gradually diminishing by a tendency in the minds of these young men to seek at once an academical position, and follow their botany, mineralogy and even their literature, in the society of their compeers; mingling with those in advanced positions, where they can be learning constantly sciences strictly connected with their profession; where they can see hos-

pital practice, dissections, &c., and have special courses of lectures, even in summer; recite every day and minutely to men who are capable and faithful, and, in full, spend the whole three years in a medical academy instead of a private office.

The fourth and last expedient I propose to consider, is that these widespread medical schools and medical societies should attempt equalization by the aid of the national government. It would be futile to expect that Congress would turn aside from its windy warfare, and lend a paternal assistance to the protection and encouragement of medical science. The plan must be elaborated by the convention. That they may be willing to add the national seal to a plan thus furnished to their hands and supported by a committee from the convention, is quite possible; and there can be little doubt that if this body does not dissolve in despair, but go forward with courage, the aid of the national government will be imperatively necessary to success.

There will, most certainly, be one or more of the officers of the medical school at Washington at the convention, and most likely some from the city. In anticipation, I throw out an hypothesis, not supposing that the members of that convention will perhaps even think of it, and yet being confident that any *well meant* suggestions will be kindly received either from myself or others. My plan is this, only roughly blocked out. Should it prove even a substratum to anything useful in the deliberations of the convention, that would be all I could expect or hope.

Let there be constituted by the convention, before leaving New York, an AMERICAN MEDICAL BUREAU, consisting of three to five medical men, in a manner similar to the Army and Navy Bureaus of Medicine and Surgery. Let the American Medical Convention meet, as suggested by Dr. Ticknor, of Connecticut, once in one, two or three years, and, if necessary, reappoint these men or others; no acting professor in a medical college to be eligible. Dr. Lawson, Surgeon-General in the War Department, and Dr. Harris, of the Navy Department, with their respective assistants, could probably render an acceptable aid in the construction of this bureau, should something like it be adopted.

Let these five men, one acting as president, spend two weeks, as soon after the close of the winter lectures as may be, in the examination of all the young men who choose to meet them, say in Albany, which would accommodate all New England and New York State. Let two more weeks be spent in Baltimore or Washington for the accommodation of candidates from the Middle and Southern States. Two more weeks, spent at Louisville or Cincinnati, might be sufficient for the wants of the Western Valley. All this may look quite practicable; and doubtless many young men who had already received diplomas would gladly seek the official endorsement of a national tribunal who were known to be both competent and impartial. It would be a better passport to practice than the recommendation of many friends.

But who shall compensate the members of this tribunal? Here lies the difficulty. We have few Sir Astley Coopers, reposing on their treasures and their fame, who can stand forward as the permanent patrons of the

undertaking. We can scarcely expect any pecuniary aid from the Government. Would the various faculties of the medical colleges remit a part of the graduating fee at their own institutions, say ten dollars to each young man, and allow him to appropriate the same to defray the expenses of the national board? In this way, could not a hundred young men be found at each of the above-mentioned sessions annually? If so, it would prove such a compensation as would induce men of high worth and reputation, provided they had the proper zeal for the national character, to devote themselves faithfully to the work. It would be indispensable that these examinations should be both impartial and thorough. The judges should be from various parts of the Union; and the whole medical community should concur in augmenting the weight and authority of their decisions.

If the expenses of these three sessions cannot be defrayed, the inquiry might be made whether one annual examination would not be practicable, say in Philadelphia, by the same organized board.

If the reader is not already tired of these hypotheses, or, if he pleases, fancy sketches, let me ask his attention to one more subject, viz., the number of the delegates to constitute this convention; the mode and ratio of their appointment; and, also, their functions when assembled. I have an indistinct recollection that a medical convention in the Canadas has this very winter been abandoned without action through some difficulty in the preliminary organization. As I have never seen the original resolution of the New York State Society, proposing the national convention, I know not how much it went into the details of conducting the meeting. It seems probable, in the absence of the document, that the State convention thought it sufficient for them to throw abroad a proposal in which hundreds of noble-minded physicians were known to be interested, and await the general response before taking steps in detail, either as to constituting the members or the conduct of the meeting.

One thing all will agree upon; that every incorporated medical school should send one or more members. It will be most certain that some portion of each faculty will find it agreeable to spend a week in New York city at the time proposed. These appointments, if not already made, should be made *instanter*, and published in the neighboring newspapers respectively, that the medical community may know immediately how general the movement promises to be. One of these papers in each case might be forwarded to the editors of such medical journals as would give publicity to the information before the meeting. Let me say, again, that the medical schools, great and small, are especially called upon to be present and aid in any result that may be reached; whether in the immediate dissolution of the body; or, in a single convention with committees, deliberations and reports of an advisory character, to be thrown before the medical public; or, lastly, with permanent arrangements for meeting, once in so many years, with an incorporation from the general government, and a name descriptive of its national character—such, for instance, as THE AMERICAN ACADEMY OF MEDICINE.

In *the next place*, there are the State medical societies, each of which

should have its delegation. If the organization of the convention takes place, it will be easy to assign the number of votes each State may have; and if the number agreed upon should exceed the number of delegates from particular States, why then the same State delegation could put in the proper number of ballots. The same thing is true of the medical schools. It will be necessary, also, to adjust the proper ratio of voting between the several schools of a State and the medical society of the same State.

But there are some States, such as Massachusetts and Connecticut, whose delegation cannot be chosen in the usual way, as their annual conventions do not occur till after the proposed first Tuesday in May. This is probably true of other States. Had the convention been appointed the last Tuesday in June, while yet the North would like to go South, and the South to go North, it would have been practicable for the States in question to be represented from a full annual meeting. A postponement to that part of the season by the committee of the New York State Society, to whose management the arrangements were originally committed, is now probably too late. If, however, it *could* be done, it would afford a very favorable opportunity, before the meeting, for the agitation of the subject, *pro* and *con*, both in the medical and political journals. Besides this, the elevated and influential men who would naturally be delegated from the State conventions which cannot otherwise be represented, would add greatly to the probable success of the national meeting. It is still practicable, in case there is no postponement of the general meeting, for the standing officers of such State societies as have just been mentioned, to arrange, by corresponding and otherwise, an appointment, say of three delegates, as their State representation to New York. These men would without doubt be accepted by the national convention, on presenting their credentials. But, unless the State officers were studious to seek men whose public spirit would lead them to defray their own expenses, there might be a failure of their delegation, as the sum necessary for their debentures could not be appropriated from the society's funds, in each State, without a general meeting, legally convened.

Taking it for granted that the delegates of schools and State societies will be permitted both to speak and vote on all questions, I close my communication with the following inquiries:—

1. Will the large cities, such as Boston, New York, Philadelphia, Baltimore, New Orleans, &c., be allowed to have one, two, or three members each in the convention?

2. Will these be allowed to debate and vote?

3. Will a county convention, in any State, be allowed a place and a vote?

4. In case such county delegate find no delegation from the State to which he belongs, will the convention concede to his disposal the whole number of votes to which his State is entitled?

5. In case medical gentlemen, not delegates, shall go to New York, on purpose to attend the meeting and listen to its deliberations, will they be invited to sit as honorary members, and have liberty to debate without voting?

Lastly, will reporters of fair reputation be allowed a seat on the floor of the convention, that all of us may be made acquainted with the whole movements and steps of an undertaking that is so intimately connected with the advancement of the medical profession in America?

Saratoga Springs, March 4, 1846. M. L. NORTH.

VACCINATION AFTER EXPOSURE TO SMALLPOX.

By Samuel Salisbury, Jr., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. S——, a married woman, 36 years of age, unprotected by vaccination, left home to visit a friend who resided in the city of Rochester, eighteen miles distant. She found her friend confined to her bed, and affected by natural smallpox. After sitting by her bed-side about half an hour, she crossed the street to a physician's office, was vaccinated, and returned home. The progress of the vaccine disease was regular, the vesicle forming perfectly, and attended with considerable constitutional fever on the eighth and ninth days. Virus was taken from the vesicle on the eighth day, and inserted in the arms of seven persons, five of whom were children, by a physician who was ignorant of the exposure of this woman to the contagion of smallpox. On the eighteenth day after her visit to Rochester, I was called, and found her in the eruptive period of smallpox; symptoms of which she told me had manifested themselves four days before. The disease was of great severity, its violence being in no degree mitigated by the prophylactic power of the recent vaccine disease. Of the children vaccinated from her arm, three had the cowpock succeeded by modified or mild smallpox, but partial desquamation having taken place when I visited them on the twenty-first day from the vaccination. In the other two, the vaccine vesicle was fully perfected, and not succeeded by any symptoms of smallpox. The two adults, who were vaccinated with virus taken from the woman's arm, left the place, and I learned nothing further of them, than the fact that they both escaped the smallpox. Neither of the five children had been vaccinated previously, and circumstances did not favor the idea of a direct communication of the disease from the woman to them.

The foregoing case leads us to the following conclusions.

I. Vaccination on the day of exposure to the contagion of smallpox is not always a protection. Might it not have proved a protection, had it been deferred for four or five days, so that the manifestation of the constitutional symptoms of both diseases would have been synchronous?

II. It is unsafe to make use of vaccine virus taken from persons who are in a location where smallpox exists; whether the smallpox in these children be viewed as caused by the vaccination, communicated through the medium of the physician, or as arising from an epidemic influence.

As safety from attacks of smallpox depends on the change produced by the vaccine disease in the system of the individual, we should view it as essential that the whole system, and not merely a portion of it, be

brought under its influence. The *constitutional* phenomena of cowpock are as indispensable as the *local*, to the abolition of the individual susceptibility to the contagion of smallpox. The imbibition of the inoculated virus into the circulating current of the blood of the arm does not necessarily, or in every instance, affect the whole human system, for it may not always be absorbed, or diffused in the general circulation to such a degree as to produce any change in the nervous system or its functions. Individual idiocrasy, the nature of the virus introduced, violent inflammation occurring around the vesicle producing a kind of local congestion, either of these we conceive may so far diminish the effect of the virus, as to render it uncertain, however regular the progress of the vesicle, whether the individual has had a perfect course of the eruptive fever termed cowpock. The fact of the greater intensity of the symptoms which follow inoculation direct from the cow, leads to a suspicion that much of the virus in common use has in a degree lost its energy.

A consideration of the general principles which are supposed to govern the operation of morbid poisons, and exanthematous diseases, as well as known facts, impress us with a sense of the importance of revaccination with virus which has been renewed by reproduction from its original source, the cow :

I. As a test of individual idiocrasy ;

II. In order to determine the perfection of the virus previously introduced ;

III. Lest all the symptoms of the cowpock, both constitutional and local, were not produced by the previous vaccination.

Avon, N. Y., March 3d, 1846.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1846.

Medical Graduates in Boston.—On Thursday last, the examination for degrees was closed at the Medical College, and thirty-one gentlemen, having passed, in the most satisfactory manner, have ere this received the honors of the University. Dr. Channing, the Dean of the Faculty, assured us that he was never more gratified with the qualifications of a graduating class. This is creditable to the newly-made doctors, and we congratulate them in leaving the Medical College with the high approbation of those who have conducted them through their professional studies.

Specific Treatment of Smallpox.—In view of the general prevalence of smallpox at the present time, Dr. Robert Wesselhœft, of Brattleboro', Vt., a hydropathic practitioner, has recently addressed a letter to the Mayor of Boston, on the subject of a "*Specific treatment of smallpox, which is now in use in Germany, and simple as sure.*" "The ravages which

this epidemic makes in Boston," &c., is the apology which Dr. W., who, it will be recollected, is the editor of the "Green Mountain Spring," makes for addressing his Honor on the pleasant topic of a certain cure for all cases of that disease.

One of the efficient means of bringing Brandreth's pills into universal notice, was ridicule. A laughable song became popular on the stage—the chorus of which was the essence of wit. The burden of the stanzas was —"If you are too hot, take Brandreth's pills; if you are cold, take Brandreth's pills." This is precisely the language of the hydropathists—if one has a disease of the skin, give him water; of the lungs, water; of the organs of digestion, water; if too lean, water; if too fat, water! It is good for all physical woes, whether epidemic or endemic; and therefore, if one is too hot, water will cool him; if too cold, the same drenching will restore the vital warmth. In fine, it is the panacea for all human maladies. Dr. Wesselhœft has a water-curing institution, which must necessarily go down, if he cannot succeed in attracting attention and patients by dint of unceasing efforts. To assume the position of a philanthropist, and have his bowels yearn with sympathy for the citizens of Boston, was, therefore, a wise movement, and, under such an overwhelming sense of what was duty, it is not strange that he should have kindly announced to his Honor that cold water, the capital on which Dr. Wesselhœft exclusively trades, is a specific remedy for smallpox.

Fluid Extract of Senna.—Mr. Charles H. Atwood, druggist, Green st., Boston, is manufacturing an elegant preparation of senna, which must necessarily have the preference over the common form of a decoction wherever known. The properties of the senna are preserved by Mr. Atwood, but so concentrated that a tablespoonful is an active cathartic, without any of the vile flavors or noxious associations which belong to the ordinary method of prescribing that excellent drug. There appears to be no mystery in the matter—and there can be no reason why this admirably devised fluid extract should not be extensively used.

Broma.—A delicate article for invalids is manufactured by Mr. Baker, at Dorchester, called *broma*, which is strongly recommended by some of the highest professional authority in Massachusetts. Its essential ingredient is unquestionably cocoa, but it is combined with various other things, both nutritious and palatable to those in health as well as the sick. Mr. Baker very frankly named the articles and their proportions in the composition, which is an evidence that no quackery is intended—and those who have been drinking his chocolate for twenty years, know that his manufacturing establishment is unrivalled in this country. The broma is thought equal to anything ever imported from Europe—and should be on sale all over the Union, that the feeble may be able to obtain such a desirable beverage.

Medical Application of Electricity.—Our ingenious neighbor, Mr. Daniel Davis, the well-known manufacturer of splendid electrical apparatus, has published a little pamphlet on the subject of the Medical Application of Electricity, with a description of the instruments used. Since electricity

is acknowledged to be a powerful remedial agent, the process by which it may be made available is of the first importance. Mr. Davis is no adventurer nor vagrant experimenter; but, on the contrary, an accurate, philosophical investigator, whose opinion commands respect.

Condition of the Medical Profession.—On the anniversary meeting of the New York Medical and Surgical Society, the members were addressed by F. C. Stewart, M.D., on the "Actual Condition of the Medical Profession in this country, with a brief account of some of the causes which tend to impede its progress, &c. &c." Dr. Stewart first shows the distinction in the social standing of members of different professions, and announces the happy circumstance, that the medical profession in the United States occupies a loftier station than in any other part of the world. Dr. Stewart gives the judge who presided in the celebrated trial of Polly Bodine, a gentle rubefacient. It seems that having poorly compensated the medical gentlemen who examined the body of a female child, supposed to have been murdered and afterwards burned, they were spoken of as having *very inadequately discharged their duty!* One of the evils that require attention from the legislatures of all the States, regards the meagre compensation of medical men who are called upon by coroners. Without analyzing this production critically, it is due to the literary character of Dr. Stewart to say that the address is exceedingly well written, and, wherever it circulates, will be regarded as creditable to his reputation in the double capacity of a writer and a physician.

Jefferson Medical College.—The catalogue of this institution, containing the names of the Faculty, and of the four hundred and sixty-nine students in attendance on the lectures, was received last week. Instead of a diminished patronage, as some were short-sighted enough to suppose would be the case, while the University School had a brilliant reputation, the Jefferson has been steadily increasing from one season to another, and no signs of decay are yet discoverable.

Benevolent Institutions of Great Britain and Paris.—A report, by William Chapin, Esq. of Columbus, Superintendent of the institution for the education of the Blind, in Ohio, contains a vast amount of valuable statistical information. All Europe is now ransacked for the purpose of bettering the condition of the unfortunate in the United States. Mr. Chapin has conferred a special favor by his researches and the publication of this instructive pamphlet.

Work on the Teeth.—Books on the anatomy, physiology and diseases of the teeth, are multiplying. There has been need enough of them, and the more there are of good ones in this day of dental knowledge, the better for the profession and the people. A treatise for popular reading, "On the Structure, Diseases, &c., of the Teeth, together with an account of the usual methods of inserting artificial teeth," by Robert Arthur, of New York, is a sensible, well-conducted performance, which should have an ex-

tensive circulation. Were it possible for us to induce the whole community to be influenced by this plain, unostentatious, but exceedingly good and safe guide in preserving teeth, we would gladly do it.

The Franklin Medical College of Philadelphia.—It will be perceived, by an advertisement in the Journal to-day, that the charter of a new medical school in Philadelphia has recently been obtained from the Legislature of Pennsylvania, and that the Faculty is already organized for the next season. The list of Professors shows a good array of talent and science, and there seems no reason to doubt that, with the increasing demands for new sources of medical instruction, the College has begun a successful and permanent career.

Medical Congress.—A correspondent at the South writes as follows respecting this important meeting. Dr. North's remarks and suggestions on the same subject, in this No. of the Journal, are worthy the attention of the members of the convention.

"What has become of the Medical Congress so long talked of? I consider it to be very important that some steps should be taken in our country to improve the standard of medical education. The honor and character of our profession require it, and it cannot be done too soon. I hope all the medical schools throughout the country will unite in this important object. The Washington Medical School will send delegates if there should be a convention. I hope you will call the attention of schools and colleges throughout the country to this subject, for I believe great good will result from a convention got up with the proper spirit."

Tobacco in Facial Neuralgia.—M. Gower commends in the strongest terms the use of tobacco in neuralgia of the face. For twenty years he has employed the tincture and infusion, locally applied, with the greatest success. This success, however, he remarks, was in some degree unmerited, for although his success was decided and satisfactory, he did not know whether it was owing to the stimulant or sedative action of the tobacco. He continued its empirical employment until M. Chippendale demonstrated that its efficacy was owing to the narcotine, and that the essential oil of the plant retarded its action by preventing the absorption of its narcotic principles. It is therefore to the extract of narcotine that the preference should be given. M. Gower has seen, in three cases, a single application of the aqueous solution of this extract, almost instantly not only calm, but prevent the recurrence of neuralgic paroxysms. This preparation rubbed on the side of the face is said also to relieve, almost instantly, toothache.—Cross's *Letters from Paris, in Western Journal.*

Ulcerations of the Legs, &c.—Obstinate ulcerations of the legs are, more frequently than not, consequent on other morbid conditions, nor are they simply referable to disorder of the digestive organs. In many instances a depraved and deficient nutrition is the associated disorder, whether or not connected, in the first instance, with disturbance of the alimentary canal. In these cases, the molecules are insufficiently renewed, the vital cohesion is impaired, and the consequence is ulceration. Hence the frequency of ulcers amongst the poor. A congested or diseased state

of the liver, in many instances, accompanies these intractable, œdematous ulcerations, which resist with so much pertinacity any purely local measures. I can call a case to mind in which tedious ulcerations of the legs were the first indications of a fatal disease which implicated both the liver and the heart. In all cases, it would be well, where we have chronic ulcerations of the legs, to institute a careful examination into the condition of the viscera. A great variety of surgical complaints are doubtless associated with other affections, and the study of such associations is replete with interest and instruction. The occurrence of fistula or abscess in the neighborhood of the anus is generally indicative of serious mischief in some one or other organ of the body. Their frequent connection with pulmonary disease has long been the subject of remark. Diseases of the kidneys and bladder are frequently found together; and painful affections, referred to the latter, are sometimes altogether dependent on diseases of the former. Aneurismal tumors have hitherto been regarded too exclusively as mere local affections, but the same remark is nearly applicable to the whole catalogue of surgical complaints.—J. B. HARRISON in *Lond. Lan.*

Medical Miscellany.—Dr. Stevens, of Lockport, N. Y., was consulted by a gentleman in Buffalo, in regard to the indisposition of his wife, through the magnetic telegraph, and returned a prescription by the same instantaneous conveyance.—Dr. Miller, of Washington, is no longer assistant Post-master General.—A lady had a tumor taken out, in Byron, N. Y., and is represented to have been in a mesmeric slumber, which made her unconscious of what was done.—A Dr. Mankierviex has been trying to swindle in New York.—Dr. Roche has been elected President of the French Academy of Medicine for 1846; Dr. Begin, Vice President; and Dr. Métier, Secretary.—Mad. de Leucquesaing, recently deceased, willed 835,000 francs to the hospitals of Paris. A new wing to the Hospital Louis Phillippe is to be built with part of it, and named for the donor.—The town Council of Buffalo have decided that a person delivering a lecture on physiology, phrenology and pathetism, violated the law requiring men who perform plays or feats of jugglery, to obtain a license.—A lady in Kentucky recently gave birth to four sons within an hour.—A physician in Michigan advertises that he practises altogether on the *uroscopian plan!*—A woman in France, at the age of 65, the wife of a carpenter, has given birth to a healthy boy.—The Legislature of Indiana has appropriated $40,000 for a Lunatic Asylum.—Dr. Brewer, of Pittsfield, has been nominated, by the liberty party, for Lieut. Governor of Massachusetts.—During the late Montreal riots, the Medical College was attacked—and the McGill College, a rival institution, was sacked by the rioters.

MARRIED.—Dr. Charles E. Crofut, of Danbury, Ct., to Mrs. M. Pratt.—In Cincinnati, Fred. Roelker, M.D., to Miss E. Hasting.

DIED.—At Rutland, Mass., Dr. Geo. Estabrook, 51, greatly respected by the community.—At East Hartford, Ct., very suddenly, Dr. Pardon Brownell, 56.

Report of Deaths in Boston—for the week ending March 14th, 45.—Males, 25, females, 20. Stillborn, 6. Of consumption, 7—smallpox, 7—croup, 1—scarlet fever, 4—infantile, 6—inflammation of the bowels, 1—dropsy, 2—dropsy on the brain, 2—lung fever, 5—tumor, 1—hooping cough, 3—childbed, 1—convulsions, 1—scrofula, 1—burns, 1—paralysis, 2.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 4—over 60 years, 2.

Longevity of certain Orders in England.—At a late meeting of the Statistical Society, London, Dr. Guy, physician to King's College Hospital, read a paper on the duration of life amongst the gentry, compared with that of the aristocracy, including that of the peerage and baronetage. The deductions were made from a large number of statistical details, and the most favorable expectation was shown to run in the different orders of females, professional men, gentry and aristocracy. It varies with their ranks, being lowest in the highest, and highest in the lowest ranks, and runs in the following order:—One, kings; two, male members of the royal house; three, female ditto; four, peers and successors to the title; five, members of the families of the peerage and baronetage; six, the gentry and their families; seven, professional men, chiefly clergymen; and eight, females of the upper classes. If the clergy, who formed the large mass of the class denominated "professions," had been taken separately, they would present a still more favorable exception; for, on comparing them with the remainder, it appeared that, while at the period from 30 to 40 the former lose five per cent. by death, the latter lose no less than thirteen per cent., an exception which tends greatly to lower the expectation of life for the entire class. The expectation for professional men, as compared with that of females, is higher at 30 and 35 years than after 85, but in the intermediate period it is in favor of females.

A Common Defence for Quackery.—No men or women can make themselves ridiculous, and get laughed at, but they gravely refer to the treatment received by Harvey, Jenner, and others, as quite applicable to their own case, and they really believe, with Miss Martineau, that a thing laughed at by the majority must needs be true. The supposed ill-treatment of Harvey is a splendid refuge for knavish and foolish people, or unsound and unproved theories. No stupid book can now be published without a prop of this kind, and it is the great support of mesmerism, hydropathy, homœopathy, and other doctrines of the same class. But the real truth is grossly exaggerated to suit these trumpery purposes. Harvey's century was not the nineteenth, and many foolish people opposed him. But, notwithstanding this, his career was one of great triumph. At the time of old Parr's death, his doctrines were generally received. Hume, as a smart saying, declared that no physician in Europe, at the age of 40 when the discovery was made, ever believed it. This is evidently untrue, for Harvey did not publish his "Treatise on the Motion of the Heart and Blood" till he was 50 years old, and he lived himself to see his discovery received in every university in the world. Hobbes of Malmesbury, a better authority than Hume, says of him, that he was, perhaps, "the only man who ever lived to see his own doctrines completely established in his lifetime." We trust we shall hear less of the absurdity so much used by little people, that great men have necessarily to be at war with the whole human race. They have their opponents and jealousies to contend with, but there are always the fitting minds to receive and propagate the truth. Every thinking man must be sick of the paltry uses to which the names of great discoverers are so constantly prostituted by unprincipled quacks and their followers.—*London Lancet.*